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Announcing the Release of the Revised CMS-855 Medicare Enrollment Applications

Key Words

SE0810, CMS-855, Enrollment, Application

Provider Types Affected

All Medicare physicians, providers, and suppliers

Key Points

- The Centers for Medicare & Medicaid Services (CMS) issued revised CMS-855 Medicare enrollment applications in March 2008.
- With the exception of providers enrolling as a specialty hospital on the CMS-855A, Medicare contractors will continue to accept the 2006 version of the Medicare enrollment application through June 2008.
- Providers and suppliers should begin to use the new Medicare enrollment applications immediately.

Significant Revisions to the Medicare Enrollment Applications

- Application-Specific Changes for Physicians and Non-Physician Practitioners (**CMS-855I**)
 - Removed the requirement in Section 17 that required providers to attach their National Provider Identifier (NPI) notification that is received from the National Plan and Provider Enumeration System.
- Application-Specific Changes for Clinics/Group Practices and Certain Other Suppliers (**CMS-855B**)
 - Removed the supplier type "Voluntary Health/Charitable Agency" from Section 2A;
 - Clarified reporting timeframes throughout the CMS-855B;
 - Added additional information about the NPI-legacy association and expanded the number of NPI – legacy combinations that a provider may enter in Section 4A from one to five;
 - Removed the requirement in Section 17 that required providers to attach their NPI notification that is received from the National Plan and Provider Enumeration System;

- Required that an Independent Diagnostic Testing Facility (IDTF) submit copies of its comprehensive liability insurance policy in Section 17;
- Added a list of the new IDTF standards found in 42 Code of Federal Regulations (CFR) 410.33(g) on a separate page in Attachment 2 of form CMS-855B; and
- Added instructions that explain the IDTF liability insurance requirements in 42 CFR 410.33(g)(6) to Attachment 2 of form CMS-855B.
- **Application-Specific Changes for Institutional Providers (CMS-855A)**
 - Revised Section 2A2 to include a specific box that specialty hospitals must check when completing the application. Instructions explaining the definition of a “specialty hospital” were also added to the form;
 - Clarified the term “primary practice location” in the instructions in Section 4; (The clarification did not change any data elements on the form.)
 - Added additional information about the NPI-legacy association and expanded the number of NPI – legacy combinations that a provider may enter in Section 4A from one to five;
 - Removed the data element “Medicare Year-End Cost Report Date” from Section 2; and
 - Removed the requirement in Section 17 that providers attach their NPI notification that is received from the National Plan and Provider Enumeration System.
- **Application-Specific Changes for Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Suppliers (CMS-855S)**
 - Added supplier standards 22 – 25 to the list of Medicare DMEPOS supplier standards found on page 31.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0810.pdf> on the CMS website.

For additional information regarding the Medicare enrollment process, including the mailing address and telephone number for the carrier or FI serving their area, providers may visit

<http://www.cms.hhs.gov/MedicareProviderSupEnroll> on the CMS website.

Special Edition article SE0612 contains helpful information about the Medicare enrollment process.

Providers may review that article at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0612.pdf> on the CMS website.